OR

OR

TOTAL

ADDIT, FEE

TOTAL

ADDIT. FEE

PTC/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Upder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unites it displays a valid OMB control number Application or Dosket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 2) (Cohma 1) NUMBER FILED **NUMBER EXTRA** FOR RATE RATE FEE FEE BASIC FEE \$ \$ OR (37 CFR 1.16(s)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 6 minus 3 = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT Q7 CFR 1.16(0) OR OR TOTAL TOTAL • If the difference in column 1 is less then zero, enter "O" in column 2 OTHER THAN-**CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Cohena 3) (Column 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE MENDMENT · PAID FOR Total K = D (37 CFR 1.16(c)) OR Independent ... Minus (37 CFR L16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Cohenn 1) (Columa 2) (Column 3) CLAIMS ADDI-HIGHEST ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) .. Minus = OR ... Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL OR TOTAL ADDIT. FEE ADDIT, FEE (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1,16(c)) OR ---Independent Minus (37 CFR L16(b)) OR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

The "Highest Number Previously Pail For It This Street is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Pail For I (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case.

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^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".